## HOUSE SUBSTITUTE

FOR

## SENATE BILL NO. 932

1 AN ACT

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- 2 To repeal sections 286.020, 287.020, 287.067,
- 3 287.120, 287.128, 287.140, 287.240, 287.390,
- 4 287.510, 287.560, 287.610, 287.800, 287.957,
- 5 and 288.060, RSMo, and to enact in lieu
- 6 thereof eighteen new sections relating to
- 7 employment, with penalty provisions.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Sections 286.020, 287.020, 287.067, 287.120, 287.128, 287.140, 287.240, 287.390, 287.510, 287.560, 287.610, 287.800, 287.957, and 288.060, RSMo, are repealed and eighteen new sections enacted in lieu thereof, to be known as sections 286.020, 287.020, 287.067, 287.120, 287.128, 287.131, 287.140, 287.225, 287.240, 287.390, 287.510, 287.560, 287.610, 287.800, 287.803, 287.957, 288.386, and 288.060, to read as follows:

286.020. The term of office of each member of the commission shall be six years except that when first constituted one member shall be appointed for two years, one for four years and one for six years, and thereafter all vacancies shall be filled as they occur. The terms of office of the first members of the commission shall begin on the date of their appointment which shall be within thirty days after the effective date of this chapter. Any member appointed to fill a vacancy occurring

prior to the expiration of the term for which the member's predecessor was appointed, shall be appointed by the governor, by and with the advice and consent of the senate, for the remainder of such term. Every commission member appointed to serve, either as a permanent, an acting, a temporary, an interim, or as a legislative recess appointment, shall appear for confirmation before the senate within thirty days after the senate next convenes for regular session. Any member appointed or serving the labor and industrial relations commission without senate confirmation after said time period shall immediately resign from the commission, shall not have authority to act, and shall not be reappointed to the same office or position in accordance with section 51 of article IV of the Missouri Constitution. governor may remove any member of the commission, after notice and hearing, for gross inefficiency, mental or physical incapacity, neglect of duties, malfeasance, misfeasance or nonfeasance in office, incompetence or for any offense involving moral turpitude or oppression in office.

287.020. 1. The word "employee" as used in this chapter shall be construed to mean every person in the service of any employer, as defined in this chapter, under any contract of hire, express or implied, oral or written, or under any appointment or election, including executive officers of corporations. Any reference to any employee who has been injured shall, when the employee is dead, also include his dependents, and other persons to whom compensation may be payable. The word "employee" shall also include all minors who work for an employer, whether or not such minors are employed in violation of law, and all such minors

are hereby made of full age for all purposes under, in connection with, or arising out of this chapter. The word "employee" shall not include an individual who is the owner and operator of a motor vehicle which is leased or contracted with a driver to a for-hire common or contract motor vehicle carrier operating within a commercial zone as defined in section 390.020 or 390.041, RSMo, or operating under a certificate issued by the motor carrier and railroad safety division of the department of economic development or by the interstate commerce commission.

- 2. (1) The word "accident" as used in this chapter shall, unless a different meaning is clearly indicated by the context, [be construed to] mean an unexpected or unforeseen identifiable event or series of events happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury immediately resulting from the specific event or series of events. For purposes of this chapter, any event or series of events shall be identifiable by their time and place of occurrence. An injury is compensable if it is clearly work related. An injury is clearly work related if work was [a substantial] the prevailing factor in the cause of the resulting medical condition or disability. An injury is not compensable merely because work was a triggering or precipitating factor.
- (2) "Prevailing factor" shall mean the accident is the primary factor in relation to any other factors, such that when compared to the other factors individually and not collectively, the accident has a greater effect than any of the other factors on the resulting medical condition or disability.
  - 3. (1) In this chapter the term "injury" is hereby defined

to be an injury which has arisen out of and in the course of employment. The injury must be incidental to and not independent of the relation of employer and employee. An injury by accident shall be compensable only if the accident was the prevailing factor in causing the resulting medical condition. Ordinary, gradual deterioration or progressive degeneration of the body caused by aging shall not be compensable, except where the deterioration or degeneration follows as an incident of employment.

- (2) An injury shall be deemed to arise out of and in the course of the employment only if all of the following criteria are met:
- (a) It is reasonably apparent, upon consideration of all the circumstances, that the [employment] <u>accident</u> is [a substantial] the prevailing factor in causing the injury; and
- (b) [It can be seen to have followed as a natural incident of the work; and
- (c) It can be fairly traced to the employment as a proximate cause; and
- (d)] It does not come from a hazard or risk unrelated to the employment to which workers would have been equally exposed outside of and unrelated to the employment in normal nonemployment life; and
- (c) The injury is demonstrated and certified by a physician using medical evidence based only on objective relevant medical findings; and
- (d) The circumstances of the claimants employment created an increased risk or hazard which resulted in the injury.

(3) The terms "injury" and "personal injuries" shall mean violence to the physical structure of the body and to the personal property which is used to make up the physical structure of the body, such as artificial dentures, artificial limbs, glass eyes, eyeglasses, and other prostheses which are placed in or on the body to replace the physical structure and such disease or infection as naturally results therefrom. These terms shall in no case except as specifically provided in this chapter be construed to include occupational disease in any form, nor shall they be construed to include any contagious or infectious disease contracted during the course of the employment, nor shall they include death due to natural causes occurring while the worker is at work.

- 4. Missouri does not apply or follow the positional risk analysis, positional risk doctrine, or positional risk rule. The positional risk doctrine is not to be followed under this chapter and any holding or statement of a judicial opinion or award which recognizes and purportedly follows this rule is hereby abrogated.
- 5. This chapter shall not apply to personal health conditions of an employee which manifest themselves in the employment in which an accident is not the prevailing factor in the resulting need for medical treatment.
- 6. A cardiovascular, pulmonary, respiratory, or other disease, or cerebrovascular accident or myocardial infarction suffered by a worker is an injury only if the accident is the prevailing factor in causing the resulting medical condition.
- 7. The employee shall not be entitled to recover for the aggravation of a preexisting condition, except to the extent that

- the work-related injury causes increased permanent disability. Any award of compensation shall be reduced by the amount of permanent partial disability determined to be a preexisting disease or condition sufficient to cause or prolong the disability or need for treatment. The resultant condition is compensable only to the extent that the compensable injury is and remains the prevailing cause of the disability or need for treatment.
  - (1) Any reduction or determination shall be made without consideration of whether the preexisting condition would be disabling without the compensable accident.

- (2) The degree of permanent impairment or disability attributable to the accident or injury shall be compensated in accordance with this section, apportioning out the preexisting condition based on the anatomical impairment rating attributable to the preexisting condition.
- (3) Medical benefits shall be paid apportioning out the percentage of the need for such care attributable to the preexisting condition.
- 8. Pain or other subjective complaints alone, in the absence of objective relevant medical findings, are not compensable.
- [4.] 9. "Death" when mentioned as a basis for the right to compensation means only death resulting from such violence and its resultant effects occurring within three hundred weeks after the accident; except that in cases of occupational disease, the limitation of three hundred weeks shall not be applicable.
  - [5.]  $\underline{10.}$  Without otherwise affecting either the meaning or

interpretation of the abridged clause, "personal injuries arising out of and in the course of such employment", it is hereby declared not to cover workers except while engaged in or about the premises where their duties are being performed, or where their services require their presence as a part of such service. Injuries and accidents that occur while traveling to or from work in company-owned or subsidized automobiles are not compensable.

The "extension of premises" doctrine is overruled to the extent it extends liability for accidents that occur on property not owned or controlled by any employer.

- [6.] 11. A person who is employed by the same employer for more than five and one-half consecutive work days shall for the purpose of this chapter be considered an "employee".
- [7.] 12. The term "total disability" as used in this chapter shall mean inability to return to any employment and not merely mean inability to return to the employment in which the employee was engaged at the time of the accident.
- [8.] 13. As used in this chapter and all acts amendatory thereof, the term "commission" shall hereafter be construed as meaning and referring exclusively to the labor and industrial relations commission of Missouri, and the term "director" shall hereafter be construed as meaning the director of the department of insurance of the state of Missouri or such agency of government as shall exercise the powers and duties now conferred and imposed upon the department of insurance of the state of Missouri.
- [9.] 14. The term "division" as used in this chapter means the division of workers' compensation of the department of labor

and industrial relations of the state of Missouri.

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[10.] 15. For the purposes of this chapter, the term "minor" means a person who has not attained the age of eighteen years; except that, for the purpose of computing the compensation provided for in this chapter, the provisions of section 287.250 shall control.

- 16. In applying provisions of this chapter, it is the intent of the legislature to reject and abrogate earlier case law interpretations of cases "arising out of" and "in the course of the employment", to include, but not be limited to, holdings in cases such as Bennett v. Columbia Health Care and Rehabilitation, 80 S.W.3d 524 (Mo.App. W.D. 2002); Kasl v. Bristol Care, Inc., 984 S.W.2d 852 (Mo.banc 1999); and Drewes v. TWA, 984 S.W.2d 512 (Mo.banc 1999).
- 17. "Objective relevant medical findings" in support of medical evidence are verifiable indications of injury or disease that may include, but are not limited to, range of motion, atrophy, muscle strength, and palpable muscle spasm. Objective relevant medical findings do not include physical findings or subjective responses to physical examinations that are not reproducible, measurable, or observable by diagnostic testing. Objective relevant medical findings are those findings which cannot solely come under the voluntary control of the patient. Medical opinions addressing compensability and permanent impairment must be stated within a reasonable degree of medical certainty.
- 18. "Specificity" means information on the claim for benefits sufficient to put the employer or carrier on notice of

the exact statutory classification and outstanding time period of benefits being requested and includes a detailed explanation of any benefits received that should be increased, decreased, changed, or otherwise modified. If the claim is for medical benefits, the information shall include specific details as to why such benefits are being requested, why such benefits are medically necessary, and why current treatment, if any, is not sufficient. Any claim requesting alternate or other medical care, including, but not limited to, claims requesting psychiatric or psychological treatment, must specifically identify the physician, as defined in subdivision (8) of section 287.120, that is recommending such treatment. A copy of a report from such physician making the recommendation for alternate or other medical care shall also be attached to the claim. An administrative law judge shall not order such treatment if a physician is not <u>recommending such treatment</u>.

19. As used in this chapter the term "amount in dispute"

means either the dollar amount claimed by the employee that is in excess of the dollar amount offered prior to attorney involvement by the employer, or in the event no amount is offered and tendered by the employer and accepted by the employee, the dollar amount that is in excess of the award granted by the court.

287.067. 1. In this chapter the term "occupational disease" is hereby defined to mean, unless a different meaning is clearly indicated by the context, an identifiable disease arising with or without human fault out of and in the course of the employment. Ordinary diseases of life to which the general public is exposed outside of the employment shall not be

compensable, except where the diseases follow as an incident of an occupational disease as defined in this section. The disease need not to have been foreseen or expected but after its contraction it must appear to have had its origin in a risk connected with the employment and to have flowed from that source as a rational consequence. "Occupational disease" means only a disease for which there are epidemiological studies showing that exposure to the specific substance involved, at the levels to which the employee was exposed, may cause the precise disease sustained by the employee.

- 2. An occupational disease is compensable <u>only</u> if [it is clearly work related and meets the requirements of an injury which is compensable as provided in subsections 2 and 3 of section 287.020. An occupational disease is not compensable merely because work was a triggering or precipitating factor] the occupational exposure was the prevailing factor in causing the resulting medical condition.
- (1) Ordinary, gradual deterioration, or progressive degeneration of the body caused by aging shall not be compensable.
- (2) "Prevailing factor" shall mean the occupational exposure is the primary factor in relation to any other factors, such that when compared to the other factors individually and not collectively, the accident has a greater effect than any of the other factors on the resulting medical condition or disability.
- (3) The occupational exposure must be demonstrated and certified by a physician only using medical evidence based on objective relevant medical findings.

3. An occupational disease or occupational exposure injury shall be deemed to rise out of and in the course of the employment only if all of the following increased risks are met:

- (1) It is reasonably apparent upon consideration of all the circumstances that the occupational disease is the prevailing factor in causing the injury; and
- (2) It does not come from a hazard or risk unrelated to the employment to which workers would have been equally exposed outside of and unrelated to the employment in normal nonemployment life; and
- (3) The injury is demonstrated and certified by a physician only using medical evidence based on objective relevant medical findings; and
- (4) If the circumstances of the claimants employment led to an increase in the risk or hazard which resulted in the injury.
- 4. Missouri does not apply or follow the positional risk analysis, positional risk doctrine, or positional risk rule. The positional risk doctrine is not to be followed under this chapter and any holding or statement of a judicial opinion or award which recognizes and purportedly follows this rule is hereby abrogated.
- 5. "Loss of hearing due to industrial noise" is recognized as an occupational disease for purposes of this chapter and is hereby defined to be a loss of hearing in one or both ears due to prolonged exposure to harmful noise in employment. "Harmful noise" means sound capable of producing occupational deafness.
- [4.] <u>6.</u> "Radiation disability" is recognized as an occupational disease for purposes of this chapter and is hereby defined to be that disability due to radioactive properties or

substances or to Roentgen rays (X rays) or exposure to ionizing radiation caused by any process involving the use of or direct contact with radium or radioactive properties or substances or the use of or direct exposure to Roentgen rays (X rays) or ionizing radiation.

- [5.] 7. Disease of the lungs or respiratory tract, hypotension, hypertension, or disease of the heart or cardiovascular system, including carcinoma, may be recognized as occupational diseases for the purposes of this chapter and are defined to be disability due to exposure to smoke, gases, carcinogens, inadequate oxygen, or psychological stress of firefighters of a paid fire department and peace officers certified pursuant to chapter 590, RSMo, if a direct causal relationship is established.
- [6.] <u>8.</u> Any employee who is exposed to and contracts any contagious or communicable disease arising out of and in the course of his or her employment shall be eligible for benefits under this chapter as an occupational disease.
- [7.] 9. With regard to occupational disease due to repetitive motion, if the exposure to the repetitive motion which is found to be the cause of the injury is for a period of less than three months and the evidence demonstrates that the exposure to the repetitive motion with a prior employer was the [substantial contributing] prevailing factor [to] in causing the injury, the prior employer shall be liable for such occupational disease.
- 287.120. 1. Every employer subject to the provisions of this chapter shall be liable, irrespective of negligence, to

furnish compensation [under the provisions of] <u>pursuant to</u> this chapter for personal injury or death of the employee by accident arising out of and in the course of [his] <u>the employee's</u> employment, and shall be released from all other liability therefor whatsoever, whether to the employee or any other person. The term "accident" as used in this section shall include, but not be limited to, injury or death of the employee caused by the unprovoked violence or assault against the employee by any person.

- 2. The rights and remedies herein granted to an employee shall exclude all other rights and remedies of the employee, his wife, her husband, parents, personal representatives, dependents, heirs or next kin, at common law or otherwise, on account of such accidental injury or death, except such rights and remedies as are not provided for by this chapter.
- 3. No compensation shall be allowed [under] <u>pursuant to</u> this chapter for the injury or death due to the employee's intentional self-inflicted injury, but the burden of proof of intentional self-inflicted injury shall be on the employer or the person contesting the claim for allowance. <u>Compensation is not allowed for an injury or death due to the employee's willful attempt to injure another, or intentionally engaging in any criminal act for the purpose of securing workers' compensation benefits.</u>
- 4. Where the injury is caused by the failure of the employer to comply with any statute in this state or any lawful order of the division or the commission, the compensation and death benefit provided [for under] pursuant to this chapter shall

be increased fifteen percent.

- 5. Where the injury is caused by the willful failure of the employee to use safety devices where provided by the employer, or from the employee's failure to obey any reasonable rule adopted by the employer for the safety of employees, which rule has been kept posted in a conspicuous place on the employer's premises, the compensation and death benefit provided for herein shall be reduced fifteen percent; provided, that it is shown that the employee had actual knowledge of the rule so adopted by the employer; and provided, further, that the employer had, prior to the injury, made a diligent effort to cause his or her employees to use the safety device or devices and to obey or follow the rule so adopted for the safety of the employees.
- 6. (1) Where the employee fails to obey any rule or policy adopted by the employer relating to the use of alcohol or nonprescribed controlled drugs in the workplace, which rule or policy has been kept posted in a conspicuous place on the employer's premises, the compensation and death benefit provided for herein shall be [reduced fifteen percent] deemed void if the injury was sustained in conjunction with the use of alcohol or nonprescribed controlled drugs; provided, that it is shown that the employee had actual knowledge of the rules or policy so adopted by the employer and, provided further that the employer had, prior to the injury, made a diligent effort to inform the employee of the requirement to obey any reasonable rule or policy adopted by the employer.
- (2) If, however, the use of alcohol or nonprescribed controlled drugs in violation of the employer's rule or policy

which is posted and publicized as set forth in subdivision (1) is the proximate cause of the injury, then the benefits or compensation otherwise payable [under] pursuant to this chapter for death or disability shall be forfeited. The forfeiture of benefits or compensation shall not apply when:

- (a) The employer has actual knowledge of the employee's use of the alcohol or nonprescribed controlled drugs and in the face thereof fails to take any recuperative or disciplinary action; or
- (b) As part of the employee's employment, he <u>or she</u> is authorized <u>or ordered</u> by the employer to use such alcohol or nonprescribed controlled drugs.
- (3) The voluntary use of alcohol resulting in a blood alcohol content equal to or greater than the amount established in section 577.012, RSMo, shall be presumed to mean the voluntary use of alcohol under such circumstances is the proximate cause of the injury. This presumption may be rebutted with a showing by the employee by clear and convincing evidence that alcohol was not the proximate cause of the injury.
- 7. Where the employee's participation in a voluntary recreational activity or program is the proximate cause of the injury, benefits or compensation otherwise payable [under] pursuant to this chapter for death or disability shall be forfeited regardless that the employer may have promoted, sponsored or supported the recreational activity or program, expressly or impliedly, in whole or in part. The forfeiture of benefits or compensation shall not apply when:
- (a) The employee was directly ordered by the employer to participate in such recreational activity or program;

(b) The employee was paid wages or travel expenses while participating in such recreational activity or program; or

- (c) The injury from such recreational activity or program occurs on the employer's premises due to an unsafe condition and the employer had actual knowledge of the employee's participation in the recreational activity or program and of the unsafe condition of the premises and failed to either curtail the recreational activity or program or cure the unsafe condition.
- 8. Mental injury resulting from work related stress does not arise out of and in the course of the employment, unless it is demonstrated that the stress is work related and was extraordinary and unusual. The amount of work stress shall be measured by objective standards and actual events.
- 9. A mental injury is not considered to arise out of and in the course of the employment if it resulted from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination or any similar action taken in good faith by the employer.
- 10. The ability of a firefighter to receive benefits for psychological stress [under] pursuant to section 287.067 shall not be diminished by the provisions of subsections 8 and 9 of this section.
- 11. If the employee unjustifiably refuses, as determined by an administrative law judge, to submit to a reliable, scientific test to determine the presence of alcohol, marijuana, or a controlled substance in an employee's blood, urine, breath, or other bodily substance, it shall be inferred that the accident and injury or death were proximately caused by intoxication by

1 alcohol or being under the influence of marijuana or a controlled 2 substance.

- 287.128. 1. It shall be unlawful for any person to:
- (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of benefits pursuant to a workers' compensation claim;
- (2) Knowingly present multiple claims for the same occurrence with intent to defraud;
- (3) Purposefully prepare, make or subscribe to any writing with intent to present or use the same, or to allow it to be presented in support of any false or fraudulent claim;
  - (4) Knowingly assist, abet, solicit or conspire with:
- (a) Any person who knowingly presents any false or fraudulent claim for the payment of benefits;
- (b) Any person who knowingly presents multiple claims for the same occurrence with an intent to defraud; or
- (c) Any person who purposefully prepares, makes or subscribes to any writing with the intent to present or use the same, or to allow it to be presented in support of any such claim;
- (5) Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit;
- (6) Knowingly submit a claim for a health care benefit which was not used by, or on behalf of, the claimant;
- (7) Knowingly present multiple claims for payment of the same health care benefit with an intent to defraud;
- (8) Knowingly make or cause to be made any false or fraudulent material statement or material representation for the

- 1 purpose of obtaining or denying any benefit;
- 2 (9) Knowingly make or cause to be made any false or 3 fraudulent statements with regard to entitlement to benefits with 4 the intent to discourage an injured worker from making a
- 5 legitimate claim.
- For the purposes of subdivisions (8) and (9) of this subsection, the term "statement" includes any notice, proof of injury, bill for services, payment for services, hospital or doctor records, X
- 9 ray or test results.

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- (10) Knowingly answer untruthfully regarding previous 10 injuries, disabi<u>lities, or other medical conditions provided the</u> 11 inquiry about previous medical conditions is on a written form 12 13 that contains a notice advising the employee that his or her 14 willful failure to answer truthfully shall result in the 15 forfeiture or reduction of benefits or possible prosecution. 16 Nothing in this chapter shall prohibit an employer from inquiring about previous injuries, disabilities, or other medical 17
  - (11) Knowingly organize, plan, or in any way participate in staged workplace accidents. Any person who violates the provisions of this subsection shall be quilty of a class D felony.
  - 2. It shall be unlawful for any insurance company or self-insurer in this state to:
  - (1) Intentionally refuse to comply with known and legally indisputable compensation obligations;
    - (2) Discharge or administer compensation obligations in a

## dishonest manner; and

- (3) Discharge or administer compensation obligations in such a manner as to cause injury to the public or those persons dealing with the employer or insurer.
- 3. Any person violating any of the provisions of subsections 1 and 2 of this section or section 287.129, shall be guilty of a class A misdemeanor and, in addition, shall be liable to the state of Missouri for a fine not to exceed ten thousand dollars or double the value of the fraud whichever is greater. Any person who has previously pled guilty to or has been found guilty of violating any of the provisions of subsections 1 and 2 of this section or the provisions of section 287.129 and who subsequently violates any of the provisions of subsections 1 and 2 of this section or the provisions of section 287.129 shall be guilty of a class D felony.
- 4. Any person who knowingly misrepresents any fact in order to obtain workers' compensation insurance at less than the proper rate for that insurance shall be guilty of a class A misdemeanor. Any person who has previously pled guilty to or has been found guilty of violating any of the provisions of this section or the provisions of section 287.129 and who subsequently violates any of the provisions of this section or the provisions of section 287.129 shall be guilty of a class D felony.
- 5. Any employer failing to insure his liability pursuant to this chapter shall be guilty of a class A misdemeanor and, in addition, shall be liable to the state of Missouri for a penalty in an amount equal to twice the annual premium the employer would have paid had such employer been insured or twenty-five thousand

dollars, whichever amount is greater. Any person who has previously pled guilty to or has been found guilty of violating any of the provisions of this section or the provisions of section 287.129 and who subsequently violates any of the provisions of this section or the provisions of section 287.129 shall be guilty of a class D felony.

- 6. (1) Any person may file a complaint alleging fraud or noncompliance with this chapter with a legal advisor in the division of workers' compensation. In the absence of fraud or bad faith, a person is not subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports, without malice, or furnishing other information, without malice, required by this section or required by the division, and no civil cause of action of any nature shall arise against such person for any of the following:
- (a) Information relating to suspected fraudulent acts furnished to or received from law enforcement officials, their agents, or employees;
- (b) Information relating to suspected fraudulent acts furnished to or received from other persons subject to the provisions of this chapter; or
- (c) Such information relating to suspected fraudulent acts furnished in reports to the bureau, or the National Association of Insurance Commissioners.
- (2) The legal advisor shall refer the complaint to the fraud and noncompliance unit within the division. The unit shall investigate all complaints and present any finding of fraud or noncompliance to the director, who may refer the file to the

attorney general. The attorney general may prosecute any fraud or noncompliance associated with this chapter. All costs incurred by the attorney general associated with any investigation and prosecution pursuant to this subsection shall be paid out of the workers' compensation fund. Any fines or penalties levied and received as a result of any prosecution under this section shall be paid to the workers' compensation fund. Any restitution ordered as a part of the judgment shall be paid to the person or persons who were defrauded.

7. There is hereby established in the division of workers' compensation a fraud and noncompliance administrative unit responsible for investigating incidences of fraud and failure to comply with the provisions of this chapter.

287.131. Claims for legal services for workers'

compensation benefits filed on or after August 28, 2004, shall

not exceed twenty five percent of the amount in dispute to the

employee exclusive of medical and rehabilitation services.

287.140. 1. In addition to all other compensation, the employee shall receive and the employer shall provide such medical, surgical, chiropractic, and hospital treatment, including nursing, custodial, ambulance and medicines, as may reasonably be required after the injury or disability, to cure and relieve from the effects of the injury. If the employee desires, he shall have the right to select his own physician, surgeon, or other such requirement at his own expense. Where the requirements are furnished by a public hospital or other institution, payment therefor shall be made to the proper authorities. Regardless of whether the health care provider is

selected by the employer or is selected by the employee at the employee's expense, the health care provider shall have the affirmative duty to communicate fully with the employee regarding the nature of the employee's injury and recommended treatment exclusive of any evaluation for a permanent disability rating. Failure to perform such duty to communicate shall constitute a disciplinary violation by the provider subject to the provisions of chapter 620, RSMo. When an employee is required to submit to medical examinations or necessary medical treatment at a place outside of the local or metropolitan area from the place of injury or the place of his residence, the employer or its insurer shall advance or reimburse the employee for all necessary and reasonable expenses; except that an injured employee who resides outside the state of Missouri and who is employed by an employer located in Missouri shall have the option of selecting the location of services provided in this section either at a location within one hundred miles of the injured employee's residence, place of injury or place of hire by the employer. choice of provider within the location selected shall continue to be made by the employer. In case of a medical examination if a dispute arises as to what expenses shall be paid by the employer, the matter shall be presented to the legal advisor, the administrative law judge or the commission, who shall set the sum to be paid and same shall be paid by the employer prior to the medical examination. In no event, however, shall the employer or its insurer be required to pay transportation costs for a greater distance than two hundred fifty miles each way from place of treatment. In addition to all other payments authorized or

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mandated under this subsection, when an employee who has returned to full-time employment is required to submit to a medical examination for the purpose of evaluating permanent disability, or to undergo physical rehabilitation, the employer or its insurer shall pay a proportionate weekly compensation benefit based on the provisions of section 287.180 for such wages that are lost due to time spent undergoing such medical examinations or physical rehabilitation, except that where the employee is undergoing physical rehabilitation, such proportionate weekly compensation benefit payment shall be limited to a time period of no more than twenty weeks. For purposes of this subsection only, "physical rehabilitation" shall mean the restoration of the seriously injured person as soon as possible and as nearly as possible to a condition of self-support and maintenance as an able-bodied worker. Determination as to what care and restoration constitutes physical rehabilitation shall be the sole province of the treating physician. Should the employer or its insurer contest the determination of the treating physician, then the director shall review the case at question and issue his determination. Such determination by the director shall be appealable like any other finding of the director or the division. Serious injury includes, but is not limited to, quadriplegia, paraplegia, amputations of hand, arm, foot or leg, atrophy due to nerve injury or nonuse, and back injuries not amenable alone to recognized medical and surgical procedures.

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2. If it be shown to the division or the commission that the requirements are being furnished in such manner that there is reasonable ground for believing that the life, health, or

recovery of the employee is endangered thereby, the division or the commission may order a change in the physician, surgeon, hospital or other requirement.

- 3. All fees and charges under this chapter shall be fair and reasonable, shall be subject to regulation by the division or the commission, or the board of rehabilitation in rehabilitation cases. A health care provider shall not charge a fee for treatment and care which is governed by the provisions of this chapter greater than the usual and customary fee the provider receives for the same treatment or service when the payor for such treatment or service is a private individual or a private health insurance carrier. The division or the commission, or the board of rehabilitation in rehabilitation cases, shall also have jurisdiction to hear and determine all disputes as to such charges. A health care provider is bound by the determination upon the reasonableness of health care bills.
- 4. The division shall, by regulation, establish methods to resolve disputes concerning the reasonableness of medical charges, services, or aids. This regulation shall govern resolution of disputes between employers and medical providers over fees charged, whether or not paid, and shall be in lieu of any other administrative procedure under this chapter. The employee shall not be a party to a dispute over medical charges, nor shall the employee's recovery in any way be jeopardized because of such dispute.
- 5. No compensation shall be payable for the death or disability of an employee, if and insofar as the death or disability may be caused, continued or aggravated by any

unreasonable refusal to submit to any medical or surgical treatment or operation, the risk of which is, in the opinion of the division or the commission, inconsiderable in view of the seriousness of the injury. If the employee dies as a result of an operation made necessary by the injury, the death shall be deemed to be caused by the injury.

- 6. The testimony of any physician or chiropractic physician who treated the employee shall be admissible in evidence in any proceedings for compensation under this chapter, subject to all of the provisions of section 287.210.
- 7. Every hospital or other person furnishing the employee with medical aid shall permit its record to be copied by and shall furnish full information to the division or the commission, the employer, the employee or his dependents and any other party to any proceedings for compensation under this chapter, and certified copies of the records shall be admissible in evidence in any such proceedings. An employee who reports an injury or illness alleged to be work-related waives any physician-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claim compensation. If medical records, reports, and information of an injured employee are sought from health care providers who are not subject to the jurisdiction of the state, the injured employee shall sign an authorization allowing for the employer or carrier to obtain the medical records, reports, or information.
- 8. The employer may be required by the division or the commission to furnish an injured employee with artificial legs, arms, hands, surgical orthopedic joints, or eyes, or braces, as

needed, for life whenever the division or the commission shall find that the injured employee may be partially or wholly relieved of the effects of a permanent injury by the use thereof. The director of the division shall establish a procedure whereby a claim for compensation may be reactivated after settlement of such claim is completed. The claim shall be reactivated only after the claimant can show good cause for the reactivation of this claim and the claim shall be made only for the payment of medical procedures involving life-threatening surgical procedures or if the claimant requires the use of a new, or the modification, alteration or exchange of an existing, prosthetic device. For the purpose of this subsection, "life threatening" shall mean a situation or condition which, if not treated immediately, will likely result in the death of the injured worker.

- 9. Nothing in this chapter shall prevent an employee being provided treatment for his injuries by prayer or spiritual means if the employer does not object to the treatment.
- 10. The employer shall have the right to select the licensed treating physician, surgeon, chiropractic physician, or other health care provider; provided, however, that such physicians, surgeons or other health care providers shall offer only those services authorized within the scope of their licenses. For the purpose of this subsection, subsection 2 of section 287.030 shall not apply.
- 11. Any physician or other health care provider who orders, directs or refers a patient for treatment, testing, therapy or rehabilitation at any institution or facility shall, at or prior

- to the time of the referral, disclose in writing if such health care provider, any of his partners or his employer has a financial interest in the institution or facility to which the patient is being referred, to the following:
  - (1) The patient;

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- (2) The employer of the patient with workers' compensation liability for the injury or disease being treated;
  - (3) The workers' compensation insurer of such employer; and
- (4) The workers' compensation adjusting company for such insurer.
- 12. Violation of subsection 11 of this section is a class A misdemeanor.
- No hospital, physician or other health care 13. (1)provider, other than a hospital, physician or health care provider selected by the employee at his own expense pursuant to subsection 1 of this section, shall bill or attempt to collect any fee or any portion of a fee for services rendered to an employee due to a work-related injury or report to any credit reporting agency any failure of the employee to make such payment, when an injury covered by this chapter has occurred and such hospital, physician or health care provider has received actual notice given in writing by the employee, the employer or the employer's insurer. Actual notice shall be deemed received by the hospital, physician or health care provider five days after mailing by certified mail by the employer or insurer to the hospital, physician or health care provider.
  - (2) The notice shall include:
  - (a) The name of the employer;

(b) The name of the insurer, if known;

- (c) The name of the employee receiving the services;
- (d) The general nature of the injury, if known; and
- (e) Where a claim has been filed, the claim number, if known.
- (3) When an injury is found to be noncompensable under this chapter, the hospital, physician or other health care provider shall be entitled to pursue the employee for any unpaid portion of the fee or other charges for authorized services provided to the employee. Any applicable statute of limitations for an action for such fees or other charges shall be tolled from the time notice is given to the division by a hospital, physician or other health care provider pursuant to subdivision (6) of this subsection, until a determination of noncompensability in regard to the injury which is the basis of such services is made, or in the event there is an appeal to the labor and industrial relations commission, until a decision is rendered by that commission.
- (4) If a hospital, physician or other health care provider or a debt collector on behalf of such hospital, physician or other health care provider pursues any action to collect from an employee after such notice is properly given, the employee shall have a cause of action against the hospital, physician or other health care provider for actual damages sustained plus up to one thousand dollars in additional damages, costs and reasonable attorney's fees.
- (5) If an employer or insurer fails to make payment for authorized services provided to the employee by a hospital,

physician or other health care provider pursuant to this chapter, the hospital, physician or other health care provider may proceed pursuant to subsection 4 of this section with a dispute against the employer or insurer for any fees or other charges for services provided.

- (6) A hospital, physician or other health care provider whose services have been authorized in advance by the employer or insurer may give notice to the division of any claim for fees or other charges for services provided for a work-related injury that is covered by this chapter, with copies of the notice to the employee, employer and the employer's insurer. Where such notice has been filed, the administrative law judge may order direct payment from the proceeds of any settlement or award to the hospital, physician or other health care provider for such fees as are determined by the division. The notice shall be on a form prescribed by the division.
- wages to an employee in addition to an excess of any amount of disability benefits to which the employee is entitled under this chapter, the excess amount paid shall be allowed as a credit to the employer in any final lump-sum settlement, or may be withheld from the employee's wages in weekly amounts the same as the weekly amount or amounts paid in excess of compensation due, but not until and unless the employee's average gross weekly wage for the calendar year exceeds one hundred twenty-five percent of the state's average weekly wage.
- 287.240. If the injury causes death, either with or without disability, the compensation therefor shall be as provided in

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- In all cases the employer shall pay direct to the persons furnishing the same the reasonable expense of the burial of the deceased employee not exceeding [five] seven thousand five hundred dollars. But no person shall be entitled to compensation for the burial expenses of a deceased employee unless he has furnished the same by authority of the widow or widower, the nearest relative of the deceased employee in the county of his death, his personal representative, or the employer, who shall have the right to give the authority in the order named. fees and charges under this section shall be fair and reasonable, shall be subject to regulation by the division or the commission and shall be limited to such as are fair and reasonable for similar service to persons of a like standard of living. division or the commission shall also have jurisdiction to hear and determine all disputes as to the charges. If the deceased employee leaves no dependents, the death benefit in this subdivision provided shall be the limit of the liability of the employer under this chapter on account of the death, except as herein provided for burial expenses and except as provided in section 287.140; provided that in all cases when the employer admits or does not deny liability for the burial expense, it shall be paid within thirty days after written notice, that the service has been rendered, has been delivered to the employer. The notice may be sent by registered mail, return receipt requested, or may be made by personal delivery;
  - (2) The employer shall also pay to the total dependents of the employee a death benefit based on the employee's average

weekly earnings during the year immediately preceding the injury that results in the death of the employee, as provided in section 287.250. The amount of compensation for death, which shall be paid in installments in the same manner that compensation is required to be paid under this chapter, shall be computed as follows:

- (a) If the injury which caused the death occurred on or after September 28, 1983, but before September 28, 1986, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the employee's average weekly earnings during the year immediately preceding the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to seventy percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury. If there is a total dependent, no death benefits shall be payable to partial dependents or any other persons except as provided in subdivision (1) of this section;
- (b) If the injury which caused the death occurred on or after September 28, 1986, but before August 28, 1990, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the employee's average weekly earnings during the year immediately preceding the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to seventy-five percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury. If there is a total dependent, no death benefit shall be

payable to partial dependents or any other persons except as provided in subdivision (1) of this section;

- (c) If the injury which caused the death occurred on or after August 28, 1990, but before August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to one hundred percent of the state average weekly wage;
- (d) If the injury which caused the death occurred on or after August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to one hundred five percent of the state average weekly wage;
- (e) If the injury which caused the death occurred on or after September 28, 1981, the weekly compensation shall in no event be less than forty dollars per week;
- (3) If there are partial dependents, and no total dependents, a part of the death benefit herein provided in the case of total dependents, determined by the proportion of his contributions to all partial dependents by the employee at the time of the injury, shall be paid by the employer to each of the dependents proportionately;
- (4) The word "dependent" as used in this chapter shall be construed to mean a relative by blood or marriage of a deceased employee, who is actually dependent for support, in whole or in

part, upon his or her wages at the time of the injury. The following persons shall be conclusively presumed to be totally dependent for support upon a deceased employee, and any death benefit shall be payable to them to the exclusion of other total dependents:

- (a) A wife upon a husband with whom she lives or who is legally liable for her support, and a husband upon a wife with whom he lives or who is legally liable for his support; provided that on the death or remarriage of a widow or widower, the death benefit shall cease unless there be other total dependents entitled to any death benefits under this chapter. In the event of remarriage, a lump sum payment equal in amount to the benefits due for a period of two years shall be paid to the widow or widower. Thereupon the periodic death benefits shall cease unless there are other total dependents entitled to any death benefit under this chapter, in which event the periodic benefits to which such widow or widower would have been entitled had he or she not died or remarried shall be divided among such other total dependents and paid to them during their period of entitlement under this chapter;
- (b) A natural, posthumous, or adopted child or children, whether legitimate or illegitimate, under the age of eighteen years, or over that age if physically or mentally incapacitated from wage earning, upon the parent legally liable for the support or with whom he, she, or they are living at the time of the death of the parent. In case there is a wife or a husband mentally or physically incapacitated from wage earning, dependent upon a wife or husband, and a child or more than one child thus dependent,

the death benefit shall be divided among them in such proportion as may be determined by the commission after considering their ages and other facts bearing on the dependency. In all other cases questions of total or partial dependency shall be determined in accordance with the facts at the time of the injury, and in such other cases if there is more than one person wholly dependent the death benefit shall be divided equally among The payment of death benefits to a child or other them. dependent as provided in this paragraph shall cease when the dependent dies, attains the age of eighteen years, or becomes physically and mentally capable of wage earning over that age, or until twenty-two years of age if the child of the deceased is in attendance and remains as a full-time student in any accredited educational institution, or if at eighteen years of age the dependent child is a member of the armed forces of the United States on active duty; provided, however, that such dependent child shall be entitled to compensation during four years of full-time attendance at a fully accredited educational institution to commence prior to twenty-three years of age and immediately upon cessation of his active duty in the armed forces, unless there are other total dependents entitled to the death benefit under this chapter;

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(5) The division or the commission may, in its discretion, order or award the share of compensation of any such child to be paid to the parent, grandparent, or other adult next of kin or conservator of the child for the latter's support, maintenance and education, which order or award upon notice to the parties may be modified from time to time by the commission in its

- discretion with respect to the person to whom shall be paid the amount of the order or award remaining unpaid at the time of the modification;
- (6) The payments of compensation by the employer in accordance with the order or award of the division or the commission shall discharge the employer from all further obligations as to the compensation;

- (7) All death benefits in this chapter shall be paid in installments in the same manner as provided for disability compensation;
- (8) Every employer shall keep a record of the correct names and addresses of the dependents of each of his employees, and upon the death of an employee by accident arising out of and in the course of his employment shall so far as possible immediately furnish the division with such names and addresses;
- (9) Dependents receiving death benefits under the provisions of this chapter shall annually report to the division as to marital status in the case of a widow or widower or age and physical or mental condition of a dependent child. The division shall provide forms for the making of such reports.
- 287.390. 1. [Nothing in this chapter shall be construed as preventing the] Parties to claims [hereunder from entering] under this chapter may enter into voluntary agreements in settlement thereof, but no agreement by an employee or his or her dependents to waive his or her rights under this chapter shall be valid, nor shall any agreement of settlement or compromise of any dispute or claim for compensation under this chapter be valid until approved by an administrative law judge or the commission, nor shall an

- administrative law judge or the commission approve any settlement which is not in accordance with the rights of the parties as given in this chapter.
- (1) No such agreement shall be valid unless made after seven days from the date of the injury or death.

- (2) An administrative law judge, associate administrative law judge, legal advisor, or the labor and industrial relations commission shall approve a settlement agreement as valid and enforceable as long as:
  - (a) The employee has consulted with a legal advisor;
- (b) The settlement is not the result of undue influence or
  fraud;
- (c) The employee understands his or her rights and benefits; and
- (d) The employee voluntarily agrees to accept the terms of the agreement.
- 2. A compromise settlement approved by an administrative law judge or the commission during the employee's lifetime shall extinguish and bar all claims for compensation for the employee's death if the settlement compromises a dispute on any question or issue other than the extent of disability or the rate of compensation.
- 3. Notwithstanding the provisions of section 287.190, an employee shall be afforded the option of receiving a compromise settlement as a one-time lump sum payment. A compromise settlement approved by an administrative law judge or the commission shall indicate the manner of payment chosen by the employee.

4. A minor dependent, by parent or conservator, may compromise disputes and may enter into a compromise settlement agreement, and upon approval by an administrative law judge or the commission the settlement agreement shall have the same force and effect as though the minor had been an adult. The payment of compensation by the employer in accordance with the settlement agreement shall discharge the employer from all further obligation.

287.510. In any case a temporary or partial award of compensation may be made, and the same may be modified from time to time to meet the needs of the case, and the same may be kept open until a final award can be made, and if the same be not complied with, the amount [thereof] equal to the value of compensation ordered and unpaid may be doubled in the final award, if the final award shall be in accordance with the temporary or partial award.

287.560. The division, any administrative law judge thereof or the commission, shall have power to issue process, subpoena witnesses, administer oaths, examine books and papers, and require the production thereof, and to cause the deposition of any witness to be taken and the costs thereof paid as other costs under this chapter. Any party shall be entitled to process to compel the attendance of witnesses and the production of books and papers, and at his own cost to take and use depositions in like manner as in civil cases in the circuit court, except that depositions may be recorded by electronic means. The party electing to record a deposition by electronic means shall be responsible for the preparation and proper certification of the

transcript and for maintaining a copy of the tape or other medium on which the deposition was recorded for the use of the division or any party upon request. Copies of the transcript shall be provided to all parties at a cost approved by the division. Subpoena shall extend to all parts of the state, and may be served as in civil actions in the circuit court, but the costs of the service shall be as in other civil actions. Each witness shall receive the fees and mileage prescribed by law in civil cases, but the same shall not be allowed as costs to the party in whose behalf the witness was summoned unless the persons before whom the hearing is had shall certify that the testimony of the witness was necessary. All costs under this section shall be approved by the division and paid out of the state treasury from the fund for the support of the Missouri division of workers' compensation; provided, however, that if the division or the commission determines that any proceedings have been brought, prosecuted or defended without reasonable ground, it may assess the whole cost of the proceedings upon the party who so brought, prosecuted or defended them. If the commission is making such assessment against an employer, the division or commission shall exclude those claims for costs of proceedings when the employer provides evidence that at some point the employer had commenced providing benefits but had subsequently sought to challenge the claim, unless such challenge is proved to be of a willful, egregious, and abusive nature. The division or the commission may permit a claimant to prosecute a claim as a poor person as provided by law in civil cases.

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287.610. 1. (1) Before January 1, 2005, the division may

appoint such number of administrative law judges as it may find necessary, but not exceeding twenty-five in number beginning January 1, 1999, with one additional appointment authorized as of July 1, 2000, and one additional appointment authorized in each succeeding year thereafter until and including the year 2004, for a maximum of thirty authorized administrative law judges.

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- (2) Beginning January 1, 2005, the terms of the administrative law judges holding office as of January 1, 2005 shall expire, and the governor may with the advice and consent of the senate appoint such number of administrative law judges as the governor may find necessary, but not exceeding twenty-five in number. Of the initial administrative law judges appointed by the governor under this section, six shall hold office for four years, six shall hold office for three years, six shall hold office for two years, and seven shall be appointed for one year. Administrative law judges appointed after expiration of the initial appointment by the governor shall be appointed to a fouryear term by the governor with the advice and consent of the senate, with the initially appointed administrative law judges to remain in office until a successor is appointed, and shall take office upon being appointed. Each administrative law judge may be reappointed. Vacancies shall be filled in the same manner in which the administrative law judge vacating the office was originally appointed.
- (3) Appropriations for any additional appointment shall be based upon necessity, measured by the requirements and needs of each division office. Administrative law judges shall be duly licensed lawyers under the laws of this state. Administrative

law judges shall not practice law or do law business and shall devote their whole time to the duties of their office. Any administrative law judge may be discharged or removed only by the governor pursuant to an evaluation and recommendation by the administrative law judge review committee, hereinafter referred to as "the committee", of the judge's conduct, performance and productivity.

- 2. The division shall require and perform annual evaluations of an administrative law judge, associate administrative law judge and legal advisor's conduct, performance and productivity based upon written standards established by rule. The division, by rule, shall establish the written standards on or before January 1, 1999.
- (1) After an evaluation by the division, any administrative law judge, associate administrative law judge or legal advisor who has received an unsatisfactory evaluation in any of the three categories of conduct, performance or productivity, may appeal the evaluation to the committee.
- (2) The division director shall refer an unsatisfactory evaluation of any administrative law judge, associate administrative law judge or legal advisor to the committee.
- (3) When a written, signed complaint is made against an administrative law judge, associate administrative law judge or legal advisor, it shall be referred to the director of the division for a determination of merit. When the director finds the complaint has merit, it shall be referred to the committee for investigation and review.
  - 3. The administrative law judge review committee shall be

composed of one administrative law judge, who shall act as a peer judge on the committee and shall be domiciled in a division office other than that of the judge being reviewed, one employee representative and one employer representative, neither of whom shall have any direct or indirect employment or financial connection with a workers' compensation insurance company, claims adjustment company, health care provider nor be a practicing workers' compensation attorney. The employee representative and employer representative shall have a working knowledge of workers' compensation. The employee and employer representative shall serve for four-year staggered terms and they shall be appointed by the governor. The initial employee representative shall be appointed for a two-year term. The administrative law judge who acts as a peer judge shall be appointed by the chairman of the labor and industrial relations commission and shall not serve on any two consecutive reviews conducted by the committee. Chairmanship of the committee shall rotate between the employee representative and the employer representative every other year. Staffing for the administrative review committee shall be provided, as needed, by the director of the department of labor and industrial relations and shall be funded from the workers' compensation fund. The committee shall conduct a hearing as part of any review of a referral or appeal made according to subsection 2 of this section.

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4. The committee shall determine within thirty days whether an investigation shall be conducted for a referral made pursuant to subdivision (3) of subsection 2 of this section. The committee shall make a final referral to the governor pursuant to

subsection 1 of this section within two hundred seventy days of the receipt of a referral or appeal.

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The administrative law judges appointed by the division shall only have jurisdiction to hear and determine claims upon original hearing and shall have no jurisdiction upon any review hearing, either in the way of an appeal from an original hearing or by way of reopening any prior award, except to correct a clerical error in an award or settlement if the correction is made by the administrative law judge within twenty days of the original award or settlement. The labor and industrial relations commission may remand any decision of an administrative law judge for a more complete finding of facts. The commission may also correct a clerical error in awards or settlements within thirty days of its final award. With respect to original hearings, the administrative law judges shall have such jurisdiction and powers as are vested in the division of workers' compensation under other sections of this chapter, and wherever in this chapter the word "commission", "commissioners" or "division" is used in respect to any original hearing, those terms shall mean the administrative law judges appointed under this section. hearing is necessary upon any claim, the division shall assign an administrative law judge to such hearing. Any administrative law judge shall have power to approve contracts of settlement, as provided by section 287.390, between the parties to any compensation claim or dispute under this chapter pending before the division of workers' compensation. Any award by an administrative law judge upon an original hearing shall have the same force and effect, shall be enforceable in the same manner as

provided elsewhere in this chapter for awards by the labor and industrial relations commission, and shall be subject to review as provided by section 287.480.

- 6. Any of the administrative law judges employed pursuant to this section may be assigned on a temporary basis to the branch offices as necessary in order to ensure the proper administration of this chapter.
- 7. All administrative law judges and legal advisors shall be required to participate in, on a continuing basis, specific training that shall pertain to those elements of knowledge and procedure necessary for the efficient and competent performance of the administrative law judges' and legal advisors' required duties and responsibilities. Such training requirements shall be established by the division subject to appropriations and shall include training in medical determinations and records, mediation and legal issues pertaining to workers' compensation adjudication. Such training may be credited toward any continuing legal education requirements.
- 8. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to the provisions of chapter 536, RSMo.
- 9. No administrative law judge shall establish, maintain, or contribute to a committee that is regulated by campaign finance disclosure law in chapter 130, RSMo.
- 287.800. All of the provisions of this chapter shall be [liberally] impartially construed with a view to the public welfare[, and a substantial compliance therewith shall be sufficient to give effect to rules, regulations, requirements,

awards, orders or decisions of the division and the commission, and they shall not be declared inoperative, illegal or void for any omission of a technical nature in respect thereto]. The labor and industrial relations commission and all officials within the division of workers' compensation shall apply an impartial standard of review when weighing evidence and resolving factual conflicts.

287.803. 1. An employee may elect to reject the provisions of this chapter because such employee is a member of a religious sect that is adherent of established tenets or teaching whereby members are conscientiously opposed to the acceptance of the benefits of any public or private insurance which makes payments toward the costs of, or provided services for medical bills including benefits of any insurance system established by the Federal Social Security Act, 42 U.S.C. 301 et. seq. The employee shall submit a written waiver of all benefits pursuant to this chapter and an affidavit that he or she has been a member of said religious sect for at least eighteen years attesting to the rejection of the benefits of public or private insurance.

- 2. The waiver and affidavit required by subsection 1 of this section shall be made upon a form to be provided by the division of workers' compensation, and said waiver shall include a statement agreeing to a prohibition of future civil action relating to an injury arising during said employment.
- 3. An exception granted in regards to a specific employee shall continue to be valid until such employee rescinds the prior rejection of coverage or the employee or sect ceases to meet the requirements of subsection 1 of this section.

4. Any rescission shall be prospective in nature and shall entitle the employee only to such benefits that accrue on or after the date the rescission form is received by the insurance company.

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287.957. <u>1.</u> The experience rating plan shall contain reasonable eligibility standards, provide adequate incentives for loss prevention, and shall provide for sufficient premium differentials so as to encourage safety. The uniform experience rating plan shall be the exclusive means of providing prospective premium adjustment based upon measurement of the loss-producing characteristics of an individual insured. An insurer may submit a rating plan or plans providing for retrospective premium adjustments based upon an insured's past experience. Such system shall provide for retrospective adjustment of an experience modification and premiums paid pursuant to such experience modification where a prior reserved claim produced an experience modification that varied by greater than fifty percent from the experience modification that would have been established based on the settlement amount of that claim. The rating plan shall prohibit an adjustment to the experience modification of an employer if the total medical cost does not exceed one thousand five hundred dollars and the employer pays all of the total medical costs and there is no lost time from the employment and no claim is filed.

- 2. As used in this section, "no lost time" shall mean no greater than one lost day of a regularly scheduled workday.
- 288.386. 1. The employer or the employer's carrier against whom a claim for benefits under chapter 287, RSMo, has been made,

or a representative of either, may request from the division of employment security records of wages of the employee reported to the division by any employer for the quarter that includes the date of the accident that is the subject of such claim and for subsequent quarters. The request shall be made with the authorization or consent of the employee or any employer who paid wages to the employee subsequent to the date of the accident.

- 2. The employer or carrier shall make the request on a form prescribed by rule for such purpose by the division of employment security. Such form shall contain a certification by the requesting party that it is a party entitled to the information requested as authorized by this section.
- 3. The division of employment security shall provide the most current information readily available within fifteen days after receiving the request.
- 288.060. 1. All benefits shall be paid through employment offices in accordance with such regulations as the division may prescribe.
- 2. Each eligible insured worker who is totally unemployed in any week shall be paid for such week a sum equal to his weekly benefit amount.
- 3. Each eligible insured worker who is partially unemployed in any week shall be paid for such week a partial benefit. Such partial benefit shall be an amount equal to the difference between his weekly benefit amount and that part of his wages for such week in excess of twenty dollars, and, if such partial benefit amount is not a multiple of one dollar, such amount shall be reduced to the nearest lower full dollar amount. Termination

pay, severance pay or pay received by an eligible insured worker who is a member of the organized militia for training or duty authorized by section 502(a)(1) of Title 32, United States Code[, or who is an elected official] shall not be considered wages for the purpose of this subsection.

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The division shall compute the wage credits for each individual by crediting him with the wages paid to him for insured work during each quarter of his base period or twenty-six times his weekly benefit amount, whichever is the lesser. addition, if a claimant receives wages in the form of termination pay or severance pay and such payment appears in a base period established by the filing of an initial claim, the claimant may, at his option, choose to have such payment included in the calendar quarter in which it was paid or choose to have it prorated equally among the quarters comprising the base period of the claim. The maximum total amount of benefits payable to any insured worker during any benefit year shall not exceed twenty-six times his weekly benefit amount, or thirty-three and one-third percent of his wage credits, whichever is the lesser. For the purpose of this section, wages shall be counted as wage credits for any benefit year, only if such benefit year begins subsequent to the date on which the employing unit by whom such wages were paid has become an employer. The wage credits of an individual earned during the period commencing with the end of a prior base period and ending on the date on which he filed an allowed initial claim shall not be available for benefit purposes in a subsequent benefit year unless, in addition thereto, such individual has subsequently earned either wages for insured work

in an amount equal to at least five times his current weekly benefit amount or wages in an amount equal to at least ten times his current weekly benefit amount.

- 5. In the event that benefits are due a deceased person and no petition has been filed for the probate of the will or for the administration of the estate of such person within thirty days after his death, the division may by regulation provide for the payment of such benefits to such person or persons as the division finds entitled thereto and every such payment shall be a valid payment to the same extent as if made to the legal representatives of the deceased.
- 6. The division is authorized to cancel any benefit warrant remaining outstanding and unpaid one year after the date of its issuance and there shall be no liability for the payment of any such benefit warrant thereafter.
- 7. The division may establish an electronic funds transfer system to transfer directly to claimants' accounts in financial institutions benefits payable to them pursuant to this chapter. To receive benefits by electronic funds transfer, a claimant shall satisfactorily complete a direct deposit application form authorizing the division to deposit benefit payments into a designated checking or savings account. Any electronic funds transfer system created pursuant to this subsection shall be administered in accordance with regulations prescribed by the division.
- 8. The division may issue a benefit warrant covering more than one week of benefits.